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UED BROW at a	40-	SIAN	IDARD CERTI		/ <i>DL</i> /	''' ' 100))	te File No	'/A ·	8
LED MAY 14	1953	REG. DIS	л. №. <u>318</u>	PRIMARY REG	. DIST. H	10C	JS Reg	istrar's No.	<u>4</u>	<u> </u>
I. PLACE OF DEA				2. USUAL B. STATE		NCE (WM		lived. If in	stitution: r	eidene , 70
<u> </u>	Louis		<u> </u>	_	Misso	uri	0.00		. <u></u>	``
b. CITY (II outside cor OR TOWN St.	Louis		c. LENGTH O	c, CITY OR TOWN	St.	Louis	2139	d. Is Re a cit Yes	y or incorpora	n limit
d. FULL NAME OF (HOSPITAL OR INSTITUTION	City Infi		street address or location Hospital	STREET ADDRESS	s 5400	(If rurs), giv Arsen		ty Sar	nitari	.um
3. NAME OF DECEASED (Type or Print)	a. (First) EMMA		b. (Middle)	HOFFS	ast) TETTER	4	DATE OF DEATH	(Month)	(Day) 27	Ţ
	COLOR OR RACE	7. MARRIE	D. NEVER MARRIED,	8. DATE OF	BIRTH	9	. AGE (In y	ears of UNDER	R I YEAR D	UMPE
Female	White	WIDOME	D DIVORCED (Specify)	Aug	18. 18	70	82	, , , , , , ,	Days E	LOUIS
10a. USUAL OCCUPATIO done during most of workin N4 1)N (Give kind of work ng life, even if retired)	lob. KIND	OF BUSINESS OR IN	Y _	ACE (City	y and State (or Foreign C	Country)	12. CITIZ COUNT	ENO RY7
3a. FATHER'S NAME		13	b. MOTHER'S MAIDE	N NAME				ND'OR WI	FE	
Louis Ho	eflenk	1	Margaret Bu	ırlak		W .	idow			
15. WAS DECEASED EVE			6. SOCIAL SECURITY	7 INFOR	MANT'S	SIGNAT	URE OR	NAME	A	DDR
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean	None I. DISEASE OR CODIRECTLY LEAD ANTECEDENT CO	CONDITION DING TO DEAT	H*(a) Cereb	Margar CERTIFICA		stette:	r 9917	Luna,	Lema Interv onset	
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STATEMENT BY LICENSED EMBALMER

by me, or by, Student Embalmer No		I hereby certify that the b	ody whose name is r	ecorded on the	reverse side of t	his certificate v	was embalme
	by n	ne, or by		•••••	Studen	t Embalmer No	

working under my personal supervision..

Signature of Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.